13031014114

FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED

			Office Use Only					
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	2013 JAN 22 PM 2: US 12FE4M5					
COMMITTEE (III IUII)	is changed)	over the lines.	FEC MAIL CENTER					
MEDICIINAL	CANNABIS S	V _I P _I E _I R _I P _I A _I C _I						
<u>L </u>								
ADDRESS (number and street)	1/18/2 24/1	<u> </u>						
(Check if address is changed)								
is stanger,	Ochilandi CITYA		Ca 94607-					
COMMITTEE'S E-MAIL ADDRE	SS							
(Check if address is changed)	ifederalca	nnabus agma	i./com					
	Optional Second E-Mail Add	dress	.,					
COMMITTEE'S WEB PAGE AD	DRESS (URL)							
(Check if address is changed)	1,,,,,,,,							
io changou,	1							
2. DATE 0 1 1	3 2013							
•	-		·					
3. FEC IDENTIFICATION N	UMBER ► C D	0534529						
		h dia						
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)						
I certify that I have examined the	his Statement and to the best	of my knowledge and belief it	is true, correct and complete.					
	· ;	- //	† 					
Type or Print Name of Treasure	or JOSEPH (C HOUSTON						
Signature of Treasurer	Zageth C'I	Vacation	Date 011 15 2013					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.								
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	ontact: FFC FORM 1					

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	COMMITTEE		- · · · - ·			
(a)	This committee is a	principal campaign	committee. (Compl	ete the candidate in	nformation below	v.)
(b)	This committee is a information below.)	n authorized commit	ee, and is NOT a	principal campaign	committee. (Co	mplete the candidate
Name of Candidate		11111			11111	
Candidate Party Affil		Office Sought:	House	Senate	President	State District
(c)	This committee sup	ports/opposes only o	ne candidate, and	is NOT an authoriz	zed committee.	
Name of Candidate		111111				
Party C	ommittee:		_			
(d)	This committee is a		(National, State or subordinate) co	mmittee of the		(Democratic, Republican, etc.) Party.
Politica	I Action Committee	(PAC):				
(e)			d fund. (Identify cor	nnected organization	n on line 6.) Its o	onnected organization is a:
	Corporation	ì	Corpora	ation w/o Capital St	ock	Labor Organization
	Membershi	o Organization	Trade A	ssociation		Cooperative
	in ad	dditlen, this committed	e is a Lobbyist/Regi	strant PAC.		
(f)		ports/opposes more aconnected committee		candidate, and is N	IOT a separate	segregated fund or party
	In addition, t	his committee is a Lo	bbyist/Registrant P	AC.		
	In adelition, t	his committee is a Le	adership PAC. (Ide	ntify sponsor on line	e 6.)	
Joint Fu	ındraising Represer	ntative:				
(g)	This committee colle committees/organiza	ects contributions, pay ations, at least one of	s fundraising exper which is an authori	nses and disburses zed committee of a	net proceeds for federal candidat	r two or more political e.
(h)	This committee colle committees/organiza	cts contributions, pay tions, none of which	s fundraising exper is an authorized co	nses and disburses mmittee of a federal	net proceeds for candidate.	two or more political .
С	ommittees Participatir	ng in Joint Fundrai	ser			
1.				FEC ID no	umber C	
2				FEC ID no	umber C	
3				FEC ID n	umber C	
4		111111	11111	FEC ID no	umber C	

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		CITY				STATE			ZIP C	ODE	
7. Custodian of Records books and records.	Identify by name, addre		nber – op		l position	of the			adershi		
7. Custodian of Records books and records.		ess (phone nun	nber – op	tional) and	l position	of the			· ·		
7. Custodian of Records books and records.	Identify by name, addre	ess (phone nun	hber – opt	tional) and	l position	of the			· ·		
7. Custodian of Records books and records. Full Name	Identify by name, addre	ess (phone nun	hber – opt	tional) and	l position	of the			· ·		
7. Custodian of Records books and records. Full Name	Identify by name, addre	RLES	hber – opt	tional) and	I position	of the	person	n in po	· ·	en of c	
7. Custodian of Records books and records. Full Name	Identify by name, address	RLES	hber – opt	tional) and	position	of the	person	n in po	ssessio	on of o	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Full Name 0056PH C HOUSTON of Treasurer Mailing Address 10chiland Ca ZIP CODE CITY STATE Title or Position Treasurer

Telephone number

12071-18451-105701

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FEC Form 1 (Revised	d 0.2/2009)	Page 4							
Full Name of Designated Agent									
Mailing Address									
		لىبىيا							
·	CITY STATE ZIP	CODE							
Title or Position	Telephone number	J-L							
safety deposit boxes or mair	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.								
Mailing Address									
		للسلسا							
		لىسا-ك							
	CITY STATE ZIP	CODE							
Name of Bank, Depository,	etc.								
لببا		لتتنيا							
Mailing Address									
		لىسى							
		لــــا-ك							
	CITY STATE ZIP	CODE							

(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt** Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label Postmarked **USPS** Express Mail Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED